



COUNTY OF LOS ANGELES

DEPARTMENT OF HUMAN RESOURCES

HEADQUARTERS
579 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-2406 FAX (213) 621-0387

BRANCH OFFICE
3333 WILSHIRE BOULEVARD, SUITE 1000 • LOS ANGELES, CALIFORNIA 90010
(213) 738-2299 FAX (213) 637-0823

MICHAEL J. HENRY
DIRECTOR OF PERSONNEL

June 27, 2006

To: All Department Heads

From: Michael J. Henry
Director of Personnel

Subject: **PERFORMANCE EVALUATION REPORT**

We are requesting your assistance in completing the Performance Evaluation Summary Report. This report is for the six-month period **January 1, 2006, through June 30, 2006**, and is due by **Thursday, July 27, 2006**.

As you know, this data is collected for each six-month period ending December and June. In the December reporting period there were 34 departments reporting 100 percent. We appreciate the efforts of all the departments and continue to stress the importance of completing timely performance evaluations. Attached is a copy of the Status Report form, which includes a signature box for Department Heads. Please indicate in the space provided the total number of annual and probationary evaluations due and the total number of annual and probationary evaluations completed for this period. Also, please indicate the number of evaluations completed by rating category. Review of MAPP evaluations will be handled separately at the completion of our annual evaluation cycle.

Additionally, my staff continues to provide Performance Evaluation Workshops in response to departmental interest in preparing supervisors to manage performance and write the Annual Performance Evaluation Report.

If you have any questions regarding completing the attached form, or wish to inquire about training, please call me or have your staff contact Howard Phillips at (213) 738-2232, or Lisa McClough at (213) 738-3448.

MJH:TJH
LT:LM

Attachment

C: Each Supervisor
Administrative Deputies
Personnel Officers

PE REPORT REMINDER LETTER TO DEPT HEADS_0606

To Enrich Lives Through Effective and Caring Service

PERFORMANCE EVALUATION STATUS REPORT – SIX-MONTH SUMMARY

Department:	Reporting Period: Jan. – June 30, 2006	Date Submitted:
Contact Person:	Title:	Phone Number:
Approved By:	Title:	Phone Number:
Department Head (Signature)		

Number of annual and probationary evaluations due for this period: _____

Of those due, number of evaluations completed for this period: _____

Number of evaluations completed by rating:

RATING	ANNUAL	PROBATIONARY
Outstanding		
Very Good		
Competent		
Improvement Needed		
Unsatisfactory		
TOTALS		

Please submit by **Thursday, July 27, 2006** to:

Lu Takeuchi, Sr. Human Resources Manager
 3333 Wilshire Blvd., Suite 350
 Los Angeles, CA 90010
 Fax: (213) 637-0823

NOTE: THIS FORM NOW SUPERSEDES THE PERFORMANCE EVALUATION PORTION OF THE DISCIPLINARY ACTION REPORT – SIX-MONTH SUMMARY

If you have any questions regarding this form, please call Howard Phillips at (213) 738-2232 or Lisa McClough at (213) 738-3448.